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**Complete if Known**

Application Number	10/581758
Filing Date	
First Named Inventor	CHORVATH
Art Unit	
Examiner Name	
Attorney Docket Number	DC5193 PCT1

*(Use as many sheets as necessary)*

Sheet 1 of 2

[illegible][illegible]

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Substitute for form 1449B/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		Application Number	10/581758
		Filing Date	
		First Named Inventor	CHORVATH
		Art Unit	
		Examiner Name	
		Attorney Docket Number	DC5193 PCT1
Sheet	2	of	2

[illegible]

Examiner Signature	/Robert Loewe/	Date Considered	03/03/2008
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<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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